# CIGNA/ONEMail

LOCATION

TALE PHYSICIAN





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			D'AMBRO	OSIO, C.N	5.		. <del></del>
ADDRESS 3000 WALDO AVENUE	APT. 13-G		NTEGR/	ATED CA	RE		,, <u>.</u>
BRONX, NEW YORK 1	0463		AST AVEN	UE	,		
PHONE (718) 884-2067	#AX	ROCH	ESTER N.	Y. 14604			
0.00	5.5.*	PHONE	716-231-69	523	FAX 17:	16) 231-650	2
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CLAMANT OCCUPATION		FILED	710-600-1		INSUREC	<b>&gt;</b>	, <u></u>
	ANAGER (SEDENTARY)				<u> </u>		
TYPE OF ILINESS RADICULOPATHY	INCURDATE 06/05/2000	510	X X	DINER	CIGNA	rater LIFE INSL	JRAN
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THE PAYSICIAN	LOCATION	FXAM DAVE	······································	3 6	XAM THEE	·····	

- 42 year old male 300 PR. with increase in LBP 4/2000. Disability commenced 6/2000... Init treated by Dr. Schiff - PCP who referred CX to Dr. Alexiades. Dr. Alexiades saw CX 6/5/2000 for c/o left leg radic. Referred for MRI. 6/12/2000 MRI showed moderate to severe LS-S1 spondylosis and mild impingement on the inferior aspect of the left L5 nerve root and moderate L5-S1 spinal stenosis. CX saw Dr. Scelsa - neuro on 7/20/2000. AP reports conservative TX is planned. CX may return to work but should get up from desk a few times an hour to stretch and avoid heavy lifting. CX did not f/u with Dr. Scelsa. CX saw Dr. McCance, spinal surgeon 8/17/2000. CX reports left leg weakness has been going on for 1-2 yrs. CX advised to have surgery. Recommended L5-S1 fusion. CX did not flu. CX had neurosurgical consult 8/23/2000 with Dr. Snow. AP recommended lumbar laminectomy with possible discectomy. CX did not f/u. CX f/u with Dr. Farmer 8/31/2000. AP recommended PT - 3 times per week, anti-inflammatories and f/u 4-6 wks. 9/14/2000 eval CX states PT has exacerbated pain. CX feels pain is severe and limits him on a daily basis. AP feels pain is a result of degerative changes at L5-S1. AP recommends a discogram then will refer for additional MRI. CX (for with PCP 10/16 & 10/23. AP reports need for surgery, RX - Celexa.

Multiple PAA's completed.

Dr. Alexiades - occas lift and carry 10 lbs, push and pull 10 lbs, occ climb stairs. Occ reach overhead and desk level.

Dr. Seelsa - Freq lift and carry 10 lbs. Push & pull 20 lbs. Freq sil and stand, occ walk. Occ teach overhead and desk level.

Dr. Snow - Freq lift and carry 20 lbs. Occ up to 50. Occ able to sit, stand and walk. Cont reach overhead, desk level and below waist.

-				
Cxi	Steven Alfano			• • • • • • • • • • • • • • • • • • • •
\$\$#;	899-77-9648	··	·•··•	
	SUPPORT STAFF	REC	)UJ	EST SHEET
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()	First Name:	(	)	Date of Birth:
()	Middle Initial:	(	)	Date of Hire:
()	Last Name:	(	)	SUTA State:
()	Address I:	(	)	SIT State:
()	Address 2:	(	)	Claimant Code:
()	City:	(	)	Sex:
( )	State/Providence:	(	)	Other: (Please describe below)
( )	Zip Code:			
Pleas	e photocopy paper-clipped material			
Supp	ort Staff OPID:		,	
BA/G	CM: Lara D'Ambrosio			Date: 1/31/2001
Task	Completed by:	ere dahamatat	ئىرىنى ئىرىنى	Date:





·					
Claimant:	Steven Alfano	SSN: 099-44-9648			
Policyholder:	Welli Med College	Policy#: NYK 1972			
Date: 01/31/2001	Time	: 3:06 PM			
To: X From: C Other:	Steven Alfano	Cx: 🛛 ER: 🗌 MD: 🗍			
Phone Number:	718,884.2067				
Spoke With:	Steven Relat	tionship:			
Call Content/Mess Called CX to discuss	age: : our difficulty in obt	taining PT notes.			
CX stated that be is	not going to PT. He	e only went once.			
CX stated that he di surgery.	d not want to exhau	ast his visits as he will need PT following			
Asked CX about cur- lose weight.	rent TX. CX stated t	that he takes medication and is trying to			
Asked CX if surgery	has been scheduled.	. CX stated no.			
Current treating AP Next evaluation? re	? Dr. Farmer one. Will probably f	f/u in next couple of weeks.			
Advised CX that we will be sending him to IME to help us assess his disability status. Advised that Dr. Farmer did not complete the PAA and we need to clearly understand what is preventing him from working.					
CX stated that he is	unable to sit but sta	ned that he will attend the evaluation.			
Comments/Action Callback Required Time Zone: Easter	3: []	arondn0C ards			





Claimant: Policyholder:	Steven Alfano Weill Med Col		SSN:			14-9648 NYK 1972	<u></u>
Date: 01/31/01 To: ⊠ From: □ Phone Number: Spoke With:	Joe Mauro 914.476.0951		1:24 P Cx: [	]		MD: 🗍 Other: I	7
Call Content/Mess Called to f/u on req Asked Joe if they ha Joe stated that he w	uest for PT note d been faxed.		er.				
Comments/Action Caliback Required Time Zone: Basto	d: 🗀						
		Sia	ature:	<i>10€9</i> 01	·	D.Orpusto	

Case Manager





Claimant: Policyholder:	Steven Alfano Weill Med College	SSN:	099-44 Policy #:	
Date: 01/31/01	Time	: 1:21 1	°M	
To: S From: C	Steven Alfano		Cx: ER:	☐ MD: □
Phone Number:	718,884.2067			
Spoke With:	Relat	ionship	o:	
r	age: CX regarding need i : Was advised to cal			
Comments/Action Caliback Required Time Zone: Easter	l: []			
1	Sign	ature:	Sara 2	Oabrelas Case Manager

.... JAN 20 '91 ITUE) 04:24 .

12/28/2000 12:08 FAX 728 231 859

CIGNA INTRGRATED CLAT

PAGE 1/8 **₩**001/084

#### Facsimile Transmission Cover Sheet



То		Proto	
Ners James C. Farmer, MC	·	Nome Lara D'Ambro	sto
Company		beportuges Long Term Di	sability
Pum 212.606.1591		17000 800.532.9288	ext 6521
Adamss		Addess 255 East Ave Rochester, NY	14604
Commente	Market Market and Association (1997)		

To assist us in our evaluation of the Long Term Disability claim for the allove mentioned patient, medical information is needed in regards to his disability status.

Welli Medical College

CIGNA Life Insurance Company of New York

Please provide us with the following:

- Copies of progress notes from 6/2000 to the present
- Copies of test results from 6/2000 to the present

SSN: 099-44-9648

DOB: 1/14/58

In addition, please complete the attached physical ability assessment in regards to your patient's cuttent level of functioning.

Thank you for your time and attention to this matter, My fax number is 716.231,6502.

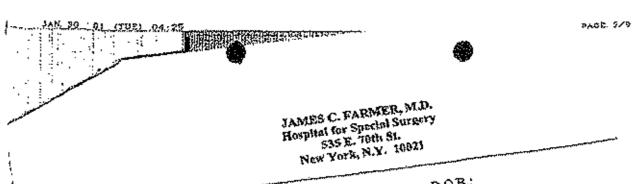
Your patient's authorization to release information is attached.

CONFIDENTIALITY NOTICE. If you have received this factorile in ever, please imprecisely neighbor screan by subspaces at the everyone. The theorements accompanying this factorile transmission couple complement information. This information is intended only for the use of the individualist or entry pound. above. Thank was for your compilance.

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D,0.B.: MR#

Mr. Alfano returns today for follow up. He is still having significant low back pain. He does have some lower extremity pain but notes the low back pain is prodominant. He denies any change in his bowel or bladder symptoms. He is not having any night pain. Alfano, Steven November 7, 2000

Physical Examination: Today shows no change in range of motion of his lumbar spine.

His neurologic exam is stable from a motor and sensory standpoint. Neural tension signs are negative.

Impression:

Low back pain with degenerative disk disease.

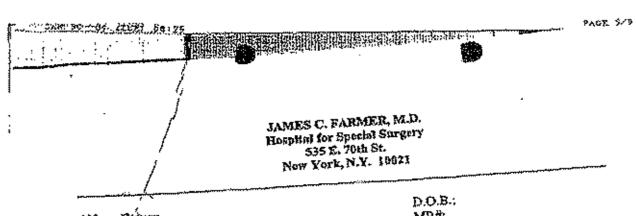
Recommendation: At this point, the patient wishes to continue with conservative management and wishes to perform more physical therapy, which I think, is reasonable. A prescription was given for this. Additionally, he asked for a renewal for his Viaxx, which was given for S0 mg PO QD PRN. I have asked him to follow up with me when his physical therapy is complete to reevaluate him or sooner should be have any questions, problems or concerns.

James C. Farmer, M.D.

JCF/I<sub>ES</sub>

ad he who ha

CLICNY 0408



Alfano, Steven

MR#:

Mr. Ailano returns today for follow up. He reports that he has performed the physical therapy has but has had no improvement whatsoever in his pain and feels that overall the therapy has expectibated his pain. He does have some intermittent fatigue in the left leg with prolonged walking but notes his primary complaint is his lower back pain. He does feel that at times he has walking but notes his primary complaint is his lower back pain. He does feel that at times he has walking but notes his tibiatic anterior on the left. He denies any bowel or bladder symptoms or night phin.

Today shows his lumbar sping is non-tender to palpation. He does pain. recid to get significant back pain with forward flexion. His neurologic examination is stable. tempol tension signs me negative.

Degenerative disk disease of the lumber spine with some intermittent radicular symptoms on the left probably secondary to L5 nerve root compression noted on the

Recommendation: At this point, I have reviewed with the patient in detail the nature of the diagnosis of degenerative disk disease and lumbar radiculopathy along with trestment options and risks and benefits. At this point, he reports his back pain is severe and continues to limit him and risks and benefits. At this point, he reports his back pain is severe and continues to significantly on a daily basis. I do feel it is likely that the pain he is experiencing is from the significant degenerative changes seen at L5-S1. He feels that his pain is severe and continues to significant degenerative changes seen at L5-S1. He feels that his pain is severe and continues to significant degenerative changes seen at L5-S1. He feels that his pain is severe and continues to him them on a daily basis and wishes to consider surgical intervention. I have explained to him limit him on a daily basis and wishes to consider surgical intervention. I have explained to him limit him on a daily basis and wishes to consider surgical intervention. After the discogram if it is that I do feel that we would need to obtain a discogram to clearly discern that the L5-S1 disk is that I do feel that we would need to obtain a discogram to clearly discern that the L6-S1 disk is that I do feel that we would need to obtain a discogram to clearly discern that the L6-S1 disk is that I do feel that we would need to obtain a discogram to clearly discern that the L6-S1 disk is that I do feel that we would need to obtain a discogram to clearly discern that the L6-S1 disk is that I do feel that we would need to obtain a discogram to clearly discern that the L6-S1 disk is that I do feel that we would need to obtain a discogram to clearly discern that the L6-S1 disk is that I do feel that we would need to obtain a discogram to clearly discern that the L6-S1 disk is that I do feel that we would need to obtain a discogram to clearly discern that the L6-S1 disk is that I do feel that his pain is severe and continues.

James C. Former, M.D.

ICP/Iss

PAGE. 4/9

James C. Farmer, M.D. Hospital for Special Surgery 535 E. 70th St. New York, N.Y. 10021

THE PHANES WAS TO BE THE PROPERTY OF THE PARTY OF THE PAR

Alfano, Steven August 31, 2000

JAN 50 01 (TUZ) 04) 26

DOB: MR#:

Mr. Alfano is a 42 year old male who reports he has had a long history of intermittent low back pain. In April of this year, his back went out and he began to experience pain that was severe. He notes that prior to the episode in April, he felt that his low back pain had overall increased in severity for the last 2 years or so. He has also noted some log pain involving his posterior thigh and posterior calf. He at times has felt some numbers in his entire foot. Overall, he notes that his keg pain is worse than his low back pain and that the left leg is aignificantly worse than the right. He reports he has had epinodes of occasional urinary retention in the pest and saw a urologist who did not recommend any treatment. His bowel function is normal. He notes his point is worde to the pest and the point is worde to the pest and the pest pain is made better with rest and is made worse with prolonged sitting, standing and walking. His treatment to date has consisted of Vloxx, Northptyline and physical therapy in the past and recent epidurul steroid injections which gave him some day relief of pain.

Past Medical History:

Significant for borderline hypertension and migraines.

Past Surgical History:

Non-contributory.

Medications:

Vioxx, Northiptyline and Norvasc.

Allergies:

He has a drug aftergy to Codeine.

Family History;

Significant for color cancer in his father and hypertension in his mother.

Sprint History:

He has a 25 pack a year smoking history and does not drink.

Review of Systems: Negative in detail.

Physical examination today reveals a well developed, well nourished male in no acute distress. He walks with a normal gait. Examination of his humbar Physical Examination: spine does not show any skin abnormalities and there is no tenderness to palpation. He is able to spine does not show any skin abnormalities and there is no tenderness to palpation. He is able to forward flex, bring his fingers to within 6 inches of the floor and extends approximately 30 degrees. He laterally bends bilaterally which is symmetric. Neurologically, motor strength is 5/5 degrees. in the lower extremities bilaterally with intact sensation. Deep tendon reflexes are 1+ and symmetric in the lower extremities. His toes are downgoing and there is no clama. Range of motion of the hips is full and paintees. Neural tension signs are negative. Dorsalis podis pulses are 1+ and symmetric.

PAGE. 5/9 14.8 30 T. Ga., 171101, 34. 26 JAMES C. FARMER, M.D. Alfano, Steven August 31, 2000 Page two

> An MRI scan of his lumbar spine was reviewed from June 12, 2000. This shows evidence of severe degenerative changes within the disk at L5-S1. There does appear to be some modérate stemosis et this level.

Degenerative disk disease at L5-S1 with bilateral lower extremity pain. Inipression:

Recommendations: At this point, I have reviewed with the patient in detail the nature of the Adagnosis of lumbar degenerative disk disease along with treatment options and risks and benefits. At this point, he has not had any significant conservative management with the exception of the epidural. I do feel that he should undergo some physical therapy to see if this will improve his back and lower extremity symptoms. I have asked that he continue to take the uni-inflammatories. I have asked that he follow up with me in approximately 4-6 weeks time to see how he is doing. Should his symptoms still be persistent at that point, then we will discuss the options available to him. the options available to him.

James C. Farmer, M.D.

JCF/les

MR#:

JAN 20 '01 (TUE) 04:26

12/28/2000 12:08 PAX 718 231 6502/

CIGNA INTEGRATED CLAT

PAGE, 6/9 @A02/004





DISCLOSURE AUTHORIZATION

ALFANO Insureda Name (Hause Print) STEVEN

I AUTHORIZE: any discret, physician, heater, heath one practitioner, hospital, claric, other medical facility, professional, or provider of heath care, medically mixed facility or association, medical assembler, or pharmacy to give the CIGNA Companies (UNA, INA, CG, INA, Lie) or their employees and authorized agents, or anterdated representations, any medical and nontrectical information or counts that they may have appropriately the facility of their provided to income the contract of the provided to income and/or records may lecture, but is not limited to: I) causes, treatment, diagnoses, prognoses, consultations, treatment or prescriptions or advice of my physical or mental condition of information concerning me which may be needed to determine policy dain benefits with respect to Insured. The may also include (but is not limited to) information concerning: mental libers, psychiatric, piconici or drug use and any disability, and also HIV related testing, triffection. Siness, and AIDS (Accusted Insures) Districtory Synthesia. infection, Where, and AIDS (Acquired Immune Deficiency Syndrome).

AUTHORIZE any knancial institution, accountant, tax preparer, insurer or refinausance consumer reporting agency. rearrants support organization, incured's agent, employer, group policyhidar, busines asociate, benefit pien edministratur, family members, friends, halpidory or asociates, governmensi agency induding the Social Security Administrator, family members, friends, halpidory or asociates, governmensi agency induding the Social Security Administration or any other organization or person having knowledge of me to give the CICNA Comparist (UNA, INA, CCs, INA Life) or their employeus and subscitted agents, or authorized appresentatives, any information or records that they have concerning me, my occupation, my polyticists, employees employment records, driving records, namings or finances, applications for insurance coverage, prior delim history, work history, and work related activities.

I AUTHORIZE: the CIGNA Companion (LINA INA, CG, INA Life) to contactiony employer to investigate and enstude return to work opportunities. I understand that in doing so the O.G.M. companies may release medical information and other information related to my physical limitations to my confloyer.

FUNDERSTAND: the information obtained will be included as part of the projet of claim and will be used by the insurance company to determine eligibility for claim benefits and any ancome popular with respect to the Claimant. This authorization shall apply to all records, information and events that occurred prior to execution of this authorization and it also applies to all records, information and events that occur over the duration of the civin. A photo copy of this form is as sold as the original and I may request one. I may revoke this authorization at any time for historization not then obtained by writing to the CIGNA Companies (LNA, NA, CG, INA Ufe). The information obtained will not be teleased to sayone eith EXCEPT: a) reinturing companies; b) the Modical information includes with repeated to sayone performing this operates Health Claim Index (HCI); c) finall or overlinarance detection humans; d) anythis performing historizations with respect to the claim; e) for such or startical purposes; f) as may be required by taw: g) as i may further authorize.

Date: 121/57.6D

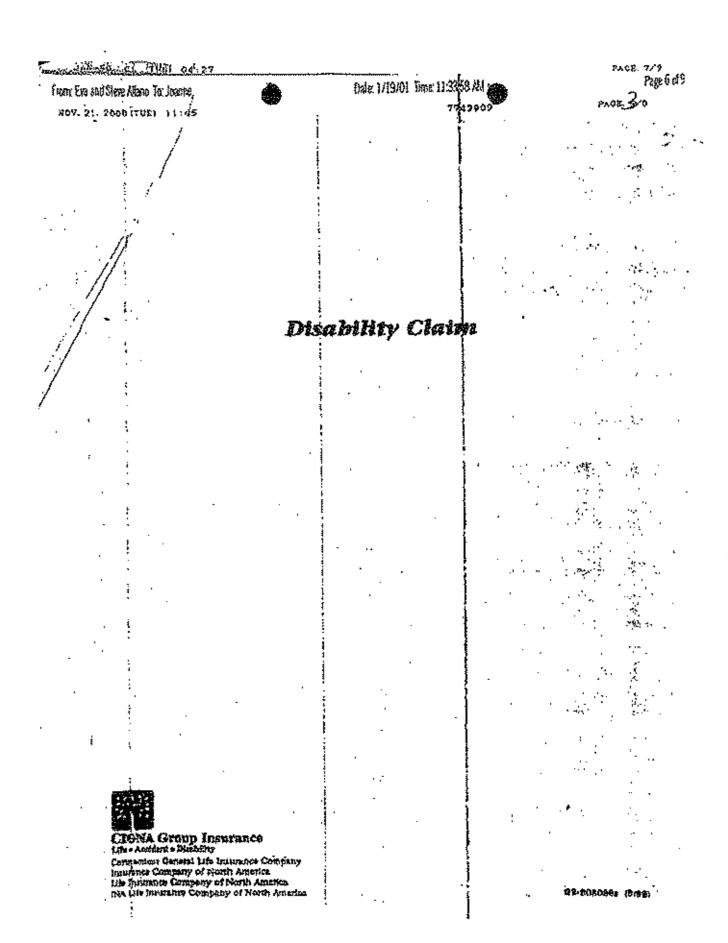
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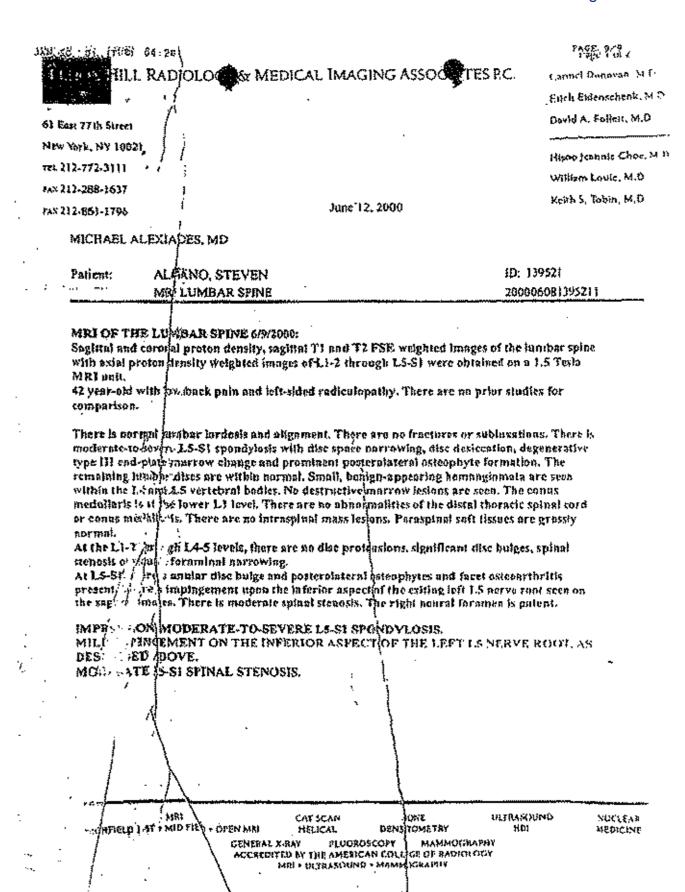
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# Exhibit B CASE STAFFING SESSION FORM Rev. 3/9/2000

Claimant Name: Steven Alfano Soc. Sec. Number: 099-77-9648
Diagnosis: _Chronic Low Back Pain Incur Date:6/6/2000
Any Occ. Date: _own occ duration of claimOccupation: _Wage & Salary Mgr - Sedentary_
Case Manager: _Lara D'Ambrosio EmployerWeill Med College
Purpose of the Staffing: Aging II – 42 year old male 300 lbs. with increase in LBP 4/2000. Disability commenced 6/2000. Init treated by Dr. Schiff – PCP who referred CX to Dr. Alexiades. Dr. Alexiades saw CX 6/5/2000 for c/o left leg radic. Referred for MRI. 6/12/2000 MRI showed moderate to severe L5-S1 spondylosis and mild impingement on the inferior aspect of the left L5 nerve root and moderate L5-S1 spinal stenosis. CX saw Dr. Scelsa – neuro on 7/20/2000. AP reports conservative TX is planned. CX may return to work but should get up from desk a few times an hour to stretch and avoid heavy lifting. CX did not f/u with Dr. Scelsa. CX saw Dr. McCance, spinal surgeon 8/17/2000. CX reports left leg weakness has been going on for 1-2 yrs. CX adviced to have surgery. Recommended L5-S1 fusion. CX did not f/u. CX had neurosurgical consult 8/23/2000 with Dr. Snow. AP recommended lumbar laminectomy with possible discectomy. CX did not f/u. CX f/u with Dr. Farmer 8/31/2000. AP recommended PT — 3 times per week, anti-inflammatorics and f/u 4-6 wks. 9/14/2000 eval CX states PT has exacerbated pain. CX fcels pain is severe and limits him on a daily basis. AP feels pain is a result of degerative changes at L5-S1. AP recommends a discogram then will refer for additional MRI. CX f/u with PCP 10/16 & 10/23. AP reports need for surgery. RX — Cclexa.
Multiple PAA's completed.  Dr. Alexiades – occas lift and carry 10 lbs, push and pull 10 lbs, occ climb stairs. Occ reach overhead and desk level.  Dr. Scelsa – Freq lift and carry 10 lbs. Push & pull 20 lbs. Freq sit and stand, occ walk. Occ reach overhead and desk level.  Dr. Snow – Freq lift and carry 20 lbs. Occ up to 50. Occ able to sit, stand and walk. Cont reach
overhead, desk level and below waist.
Still waiting for PT notes and current notes from Dr. Farmer - last f/a 1/30/2001
Date of Staffing: 1/31/2001 Will Contact CX - discuss and for
Staffing Participants Signatures:
Inda Catan (C1)
Maria a. Color, Scots.







Claimant:	Steven Alfano	SSN:	099.	44-9648			
Policyholder:	Welli Med Co	llege	Policy#:	NYK 1972			
Date: 01/30/01		Time: 9:57	ΛM				
To:  From:  Therapist	Joe Mauro	Сх: [	er: [] (	MD: Other:			
Phone Number:							
Spoke With:	Joe	Relationshi	pr ·				
Joe called asking wh Stated that CX was i I advised that CX was make sure we reques Joe stated that he was	Call Content/Message: Joe called asking why we were requesting med beginning 6/2000. Stated that CX was first treated 9/2000.  I advised that CX was first unable to work beginning 6/2000 and we wanted to make sure we request the time period to cover his disability.  Joe stated that he would fax the initial evaluation and the notes.						
Comments/Action Callback Required Time Zone: Easter	1: 🗀						
		Signature:	'500a'	D'Onbresso			
				ense maneger			



#### DISCLOSURE AUTHORIZATION

Insured & Name (Please Print) STEVEN ALFAND

t ALTHORIZET any doctor, physician, healer, health care practitioner, hospital, clinic, other medical facility, professional, or provider of health care, medically related facility or association, medical examinar, or pharmacy to give the CIGNA Companies (LINA, INA, CG, INA Life) or their employees and authorized agents, or authorized representatives, any medical and nonmedical information or records that they may have concerning my health condition, or health history, or regarding any advice, care or treatment provided to me. This information anti/or moords may include, but is not limited to: i) cause, treatment, diagnoses, prognoses, consultations, examinations, tests or prescriptions or advice of my physical or mental condition of information concerning me which may be needed to determine policy chim benefits with respect to instand. This may also include (but is not limited to) information concerning: mental illness, psychiatric, alcohol or drug use and any disability, and also HIV related testing, infection, illness, and AIDS (Acquired Immune Desiciency Syndromes).

IAUTHORIZE: any financial institution, accountant, tax preparer, insurer or reinsurance consumer reporting agency, insurer support organization, insured's agent, employer, group policyholder, business associate, benefit plan administrator, family members, friends, neighbors or associates, governmental agency including the Social Security Administration or any other organization or person having knowledge of me to give the CIGNA Companies (UNA, INA, CG, INA Life) or their employees and authorized agents, or authorized representatives, any information or records that they have concerning me, my occupation, my activities, employee/employment records, driving records, earnings or finances, applications for insurance coverage, prior daim history, work history, and work related activities.

I AUTHORIZE: the CIGNA Comparies (LINA, INA, CG, INA Life) to contact my employer to investigate and evaluate return to work opportunities. I understand that in doing so the CIGNA companies may release medical information and other information related to my physical limitations to my employer.

I UNDERSTAND: the information obtained will be included as part of the proof of claim and will be used by the insurance company to determine eligibility for dalm benefits and any amounts payable with respect to the Calimant. This authorization shall apply to all records, information and events that occurred prior to execution of this authorization and it also applies to all records, information and events that occur over the duration of the claim. A photo copy of this Form it as valid as the original and I may request one. I may recoke this authorization at any time for information not then obtained by writing to the CIGNA Companies (UNA, INA, CG, INA Life). The information obtained will not be released to anyone else EXCEPT: a) releasing companies; b) the Medical information Bureau. Inc., which operates Health Claim Index (HCT); c) fault or overinsurance detection bureaus; d) anyone performing business, medical or legal functions with respect to the claim; e) for audit or statistical purposes; f) as may be required by law; g) as I may further authorize.

Date: 12 15 00

Claimant's Signature XX (Claimant or Claimant's authorized reppresentative)

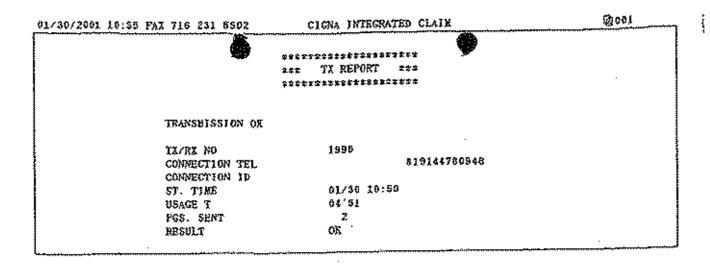
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Relationship, if other than Claimant Chimant's Social Security Number

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Transmil to FAX our stor 914,476,0948	0em January 30, 2001	Типе 9:35 AM .	Total number of pages (including this abook): 2
Yo		From	
Name Attn: Joe Mauro, PT		Nena Lara D'Ambiosio	
Company Thera-Ex		Department Long Term Disability	
Phone 914.476,0951		800.532.9288 ext 6523	
Address		Addess 255 East Ave Rochester, NY 14604	

Common48

RE.

Steven Alfano

SSN: 099-44-9648

DOB: 1/14/58

NYK 1972

Weill Medical College

CIGNA Life Insurance Company of New York

To assist in our evaluation of the Long Term Disability claim for the above mentioned patient, medical information is needed in regards to his current level of functioning and limitations and restrictions.

Please provide us with the following:

- initial evaluation
- Copies of PT progress notes from 6/2000 to the present





			Total number of pages
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70		From	
Name Attn: Joe Mauro, PT		Name Lara D'Ambioslo	
Сотрану Тhека-Ех		Department Long Term Disability	
Phone 934,476,0951	•	Phone 800,532,9288 ext 6521	
Address		Appress 255 East Ave Rochester, NY 14604	

#### Comments

NE:

Steven Alfano

SSN: 099-14-9648

DOB: 1/14/58

NYK 1972

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- Copies of PT progress notes from 6/2000 to the present

Your patient's authorization to release information is attached.

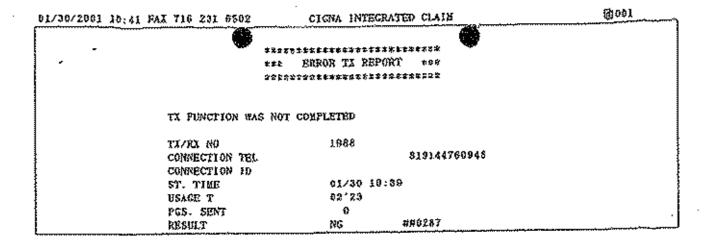
A response no later than 1/31/2001 would be appreciated as disability benefits are pending and numerous requests have been made for the above information.

CONFIDENTIALITY NOTICE: if you have received this factionle in enot, please immediately notify the scuder by telephone at the number above. The documents occompanying this factionite transmission contain confidential information. This information is intended only for the use of the individual(s) or criticy named above. Thank you for your compliance.

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| } Acknowledgment Requested

To Fax a ropty, dial : 716,258,1780





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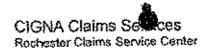
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Please provide us with the following:

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- Copies of PT progress notes from 6/2000 to the present

Your patient's authorization to selease information is attached.







Claimant: Policyholder:	Steven Alfano Weill Med Col	SSN:		-44-9648 NYK 1972
Date: 01/30/01 To: ⊠ From: □	Thera-Ex	Fime: 9:33 Cx: 1		MD; C Other: Rehab
Phone Number: Spoke With:	914.476.0951 Ron	Relationsh	p;	4.500
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<u> </u>		Signature	: Yora	D' Onbrores Ease Manager

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984 North Broad Yonkers, Ne	Sports Physical Therapy 17. Impy. Saite LL03 w York 10701 Fax 1914 17.
Tv. 9394476-0951	,
ro: CIGNA	BATE: 01/30/01 RE: S: ALF AND
ATT:	file/clains:
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( ) An authorization signed by the by parent or quardian; if patient or executor.	ne patient is required; if minor, is deceased, by the administrator
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P. 01



# There Ex Orthopedic and Sports Physical Therapy, PC 984 North Broadway, Suite LL-02 Yonkers, New York 10701

Tch (914) 476-0981

Fax: (914) 476-0918

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if you have any problem with this transmission, please call (\$14)476-0951.

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N.Y.LIC NO.: 210358

P. 02

	James C. Farmer, M.D.	
	Hospital for Bpecval Burcery Sie Radt Took Street Rewydrik, N.Y., 19021	
Vame:	Alfano, Steven	. Ag <del>o</del> : ,,
Address:	··· /	3/14600

Telephone: (212) 808-1691

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DX: LBP/DDD

M.D.

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Claimant:	Steven Alfano	<b>SSN:</b> 09	9-44-9648
Policyholder:	Well Med College	Policy#:	NYK 1972
Date: 01/30/01	Time	: 7:57 AM	
To: 🛛 From: 🗌	Thera-Ex	Cx: ER:	MD: Other: Rchab
Phone Number:	914.476.0951		
Spoke With:	Relat	llonship:	
Call Content/Mess	age; inswering machine.		
Called to f/u on status of progress notes that were requested numerous times.			
Advised that Ron had promised to fax the notes several times and to date the information still has not been provided.			
Stated that this information is needed to assess CX's functional status to make a determination regarding DBL benefits.			
	Advised that I would like a call back to today if the notes cannot be faxed or would like the information faxed today.		
Left my name, pho	ne number and fax n	umber.	
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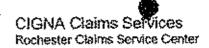






Claimant:	Steven Alfano	SSN: 099-44-9648
Policyholder:	Weili Med College	Policy #: NYK 1972
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Date: 01/29/2001	Time	e: 10:07 AM
To: 🛭 From: 🗌	Thera-Ex	Cx: ER: MD: Other: Rehab
Phone Number:	914.476.0951	
Spoke With:	Ron Rela	tionship:
he is with a patient.  Ron promised again I advised Ron that I I advised that I wou	es.  eft a note for the the to fax the notes too X's benefits are pended call back tomorro	erapist and cannot interrupt the therapist as lay.  ding receipt of the information.  w if they are not faxed today.
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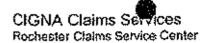
Case Manager





	Steven Alfano Welll Med College	SSN: 099-44-9648 Policy#: NYK 1972
Date: 01/29/2001 To: ⊠ From: □ Phone Number: Spoke With:	Dr. Farmer 212.606.1591	e: 9:15 AM Cx: ☐ ER: ☐ MD: ☑ Other: ` itionship:
Call Content/Mess Called to f/u on state Joanne stated that t Joanne will f/u with	us of progress notes the request is on AP	•
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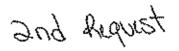
Signature: Ong Winhalle Case Manager





Claimant: Policyholder:	Steven Alfano Weill Med College	SSN: Palic	099-44-9648 y#: NYK 1972
Date: 01/29/2001		2 9:11 AM	MD: Other: Rehab
To: ⊠ From: □ Phone Number: Spoke With:	6951 914.476 <b>\$BB</b> I	ijonship:	— шр. <u>—</u> Опист. келар
Call Content/Mess Called to f/u on pro	gress notes. Id call me back in 30	minutes as the	erapist is responsible for
Ladvised Ron that I Comments/Action Callback Required Time Zone: Easter	<b>:</b> 🗆	0 am if I did no	ot hear fromhim.
	Ci-		Celleano SIT. ac

Case Manager





Transmit to FAX rombler 212.774.2909	0316 December 28, 2000	Time 10:31 AM	Total number of pages (Including this short): 4
To		Prom	
Name James C. Farmer, MD	Attn: Joanne	Name Lara D'Ambrosio	
Company		Department Long Term Disability	
Phono 212,606,159)		Phone 800,532,9288 ext 6\$21	
Address		<sup>A00m36</sup> 255 East Ave Rochester, NY 14604	

Comments

HE:

Steven Alfano

SSN: 099-44-9648

DOB: 1/14/\$8

NYK 1972

Weill Medical College

CIGNA Life Insurance Company of New York

To assist us in our evaluation of the Long Term Disability claim for the above mentioned patient, medical information is needed in regards to his disability status.

Please provide us with the following:

- Copies of progress notes from 6/2000 to the present
- Copies of test results from 6/2000 to the present

In addition, please complete the attached physical ability assessment in regards to your patient's current level of functioning.

Thank you for your time and attention to this matter. My fax number is 716.231.6502.

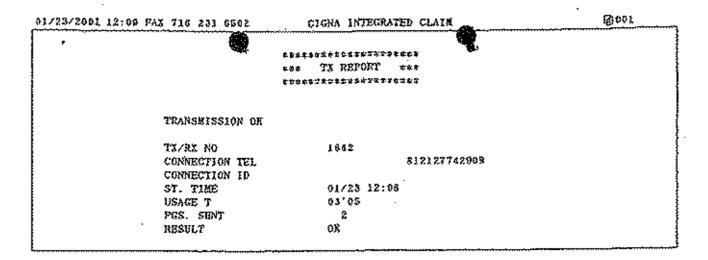
Your patient's authorization to release information is attached.

CONFIDENTIALITY NOTICE: If you have actived this farsimile in enor, please annealistic actify the scalar by telephone at the mumber above. The documents accompanying this facsimile transmission contain confidential information. This information is intended only for the use of the individuality or entity rounted alove. Thank you for your compliance.

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1 | Acknowledgment Requested

To Fex a reply, diel : 715.258,1789



2nd Reguest



Transmit in FAX number 212.774.2909	Date December 28, 2000	Tenn 10:31 AM	Yolei number of pages (including this shoot) : 4
To		From	
Name James C. Farmer, MD	Attn: Joanne	Name Lara D'Ambrosio	
Company		Dependent Long Term Disability	
Prices 212.606.1591		Риопе 800.532.9288 ext 6521	
Address		Address 255 East Ave Rochester, NY 14604	

Communic

RE:

Steven Alfano

SSN: 099-44-9648

DOB: 1/14/58

NYK 1972

Weili Medical College

CIGNA Life Insurance Company of New York

To assist us in our evaluation of the Long Term Disability claim for the above mentioned patient, medical information is needed in regards to his disability status.

Please provide us with the following:

- Copies of progress motes from 6/2000 to the present
- Copies of test results from 6/2000 to the present

In addition, please complete the attached physical ability assessment in regards to your patient's current level of functioning.

CIGNA Claims Services Rochester Claims Service Center



#### Permanent Telephone Record

Claimant: Policyholder:	Steven Alfano Weill Med College	SSN: 099-44-9648 Policy#: NYK 1972	
Date: 01/23/2001 To:  From:  Phone Number:	Thera-Ex 914.476.0951	: 11:00 AM  Cx: ER: MD: Other: Rehal	
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FROM : SAGA SPORTS MEDICINE



FAX NO. : 212 2881524



Jan. 23 2081 18:1694 Pi

MICHAEL M. ALEXIADES, M.D., P.C. 159 gast 74th otront NEW YORK, N.Y. 10021

TELEPHONE (212) 734-1268

IAN 2 3 2009

Alfano, Steven Page 2

06/05/00 Mr. Steven Alieno returns complaining of lumbar radiculopathy into the left leg for the last couple of weeks. It has gotten quite severe. He is taking Motrin with only minimal relief. Physical Examination reveals normal heal/toe/tandem gait; decreased range of motion of the LS spine; motor is 5 out-of 5; reflexes are 1+ both knees, 2+ both ankles. Plan: We will get an MRI to evaluate for a hemisted disc. He is unable at this point to work. We will discuss treatment options efter the test.

Mr. Steven Alfano returns with persistent low back 07/31/00 pain with occasional numbress in the left leg. He new a neurologist who fall he had some nerve damage but did not justify surgery. However, his back pain is quite severe despite two epidural injections. He is neurologically intact today although he has difficulty with too walldrig. Plan: My recommendation is that he see a spine surgeon for possible fusion at L5 - \$1.

FROM : SAGR SPORTS MEDICINE

FRX NO. : 212 2881524

Jan, 23 2001 10:1599 P2

HILL BADIOLOGY & MEDICAL IMAGING ASSOCIATES P.C.

Page 1 of 2

Carmel Donoven, M.D.

Erich Eidenschenk, M.D.

David A. Follett, M.D.

61 East 77th Street

New York, NY 10021

Fet 212-772-3111

FAX 212-288-1637

PAX 212-861-1796

June 12, 2000

Hisoo Jeannie Choe, M.D.

William Louie, M.D.

Kelth S. Tobin, M.D.

MICHAEL ALEXIADES, MD

Patient:

aleano, steven

MRI LUMBAR SPINE

ID: 139521

200006081395211

MRI OF THE LUMBAR SPINE 6/9/2600:

Sagittal and corount proton density, sughtful Tt and T2 FSE weighted images of the lumbar spine with axial proton density weighted images of 1.1-2 through LS-S1 were obtained on a 1.5 Testa MRI unit.

42 year-old with low back pain and left-sided radiculopathy. There are no prior studies for comparison.

There is normal lumbar lordesic and alignment. There are no fractures or sublazations. There is moderate-to-severe LS-SI spondylosis with disc space narrowing, disc desiceation, degenerative type III and-plate marrow change and prominent posterolateral asteophyte formation. The remaining lumbar discs are within normal. Small, benign-appearing hemonytomate are seen within the 1.4 and L5 vertebral bodies. No destructive magrow lesions are seen. The coms meduliaris is at the lower L1 level. There are no abnormalities of the distal thoracle spinal cord or coans meduliaris. There are no intraspinal mass tesions, Paraspinal soft tissues are grossly normal

At the L1-2 through L4-5 levels, there are no disc protrusions, significant disc butges, spinal stenosis or neural foraminal barrowing.

At L5-S1, there is anular disc bulge and posterolateral ostcophytes and facet ostcourthritis present. There is impingement upon the interior aspect of the exiting left LS nerve root seen on the sagittal images. There is moderate spinal stenesis. The right neural foramen is patent.

IMPRESSION: MODERATE-TO-SEVERE LS-S1 SPONDYLOSIS.

CONCRAL X-RAY

MILD IMPINGEMENT ON THE INFERIOR ASPECT OF THE EFTES NERVE ROOT, AS

DESCRIBED ABOVE.

MODERATE L5-SI SPINAL STENOSIS.

MAG

HICHFIELD 1-57 - NOD MELO - OPEN MRI

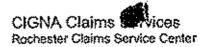
CATSUAN HELICAL.

TONE DENSITOMETRY DETRASQUIND HD:

NUCLEAR MEDICINE

маммоскарит PLUOROSCOPY ACCREDITED BY THE AMERICAN COLLEGE OF RADIOLOGY

YHYARDOMMAM - GINLOPARTIU - IRM





Claimant: Policyholder:	Stephen Alfano Weill Med College	SSN: Policy#;	099-44-9648 NYK 1972
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Date: 01/23/2001 Time: 10:04 AM			
To: S From: C	Dr. Alexiades	Cx: 🗌 ER	: 🗌 MD; 🛛
Phone Number:	212.734.1288		
Spoke With:	Wilda Relations	hip:	
Call Content/Message: Called to f/u on request for progress notes and test results from 4/2000 to the present.  Wilda stated that CX was seen in 6/2000 and 7/2000.  Will fax copies of the progress notes and copy of MRI report.			
Comments/Action Items: Callback Required:  Time Zone: Eastern			
Campagne Hone Westernes			

Case Manager



FRX NO. 1 212 2891524 CICNA INTEGRATED CLAIR Jan. 18 2001 10:50AM P3 @001\00<u>z</u>

### Facsimile Transmission Cover Sheet



Transmin in FAX municu 212,288,1524	December 14, 2000	Типо 8:28 АМ	Total humber of pages finducing this sheet; 4
To .		From	
Nom Michael Alexiades, MD		Hamo Shannon Balley	
Company		Octation Long Term Disability	
Мине 212.734.1288		Phone 800.532.9288 ext. 6541	
Aderson		Address 255 Bast Avenue Rochester, NY 14604	

#### COMPRESSE

RE: Stophen Alfano

**NYR 1972** 

85%: 092449048

Well Medical College

DOB: 1/2\*/50

CIONA Life inutance Company of New York

We recently received a Long Term Disability Claim for your patient, Mr. Almho. In order to assist us with. 

Copies of propess owier and test secrets for the period 4/1/2000 to the present.

I have also cont a signed authorization to tolesce information. Please forward the information within the . . . . . and it days. I would like to thenky our in advance for taking the time to halp us abstinable measure and annual information.

Sincerely.

Shannon Balley , Oste Manager

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To Fox a moty, stat : 710/201-0502

FROM : SAGA SPORTS MEDICINE



Jan. 19 2001 10:496N P1 @0027003

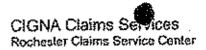
Please complete the following items based on your clinical evaluation of:

Patient Name Steven Alfano	SS#099-44-9648	
Diagnosis(es)/ICD9 Code(s)	-	

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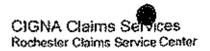


Claimant: Policyholder:	Stephen Alfai Weill	no Policy#	:	SSN: NYK 1972	099449	648
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Claimant:	Stephen Alfa	no	SSN:	099449648
Policyholder:	Welli	Policy#:	NYK 1972	
Date: 01/16/01		Time: 11:37	AM	
To: 🛭 From: 🗍 Other:	Dr. Alexiano	ies	Cx: ER:	□ MD: 図
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aren erren err	Photographic States and States an	Signature:	Slan	Mon Bailey Case Manager





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Claimant:	Stephen Ali	îano	SSN:	099449648
Policyholder:	Weill	Policy#:	NYK 197	2
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To: X From: C Other:	Steven Dig	ilovani, MD	G:	x: □ ER: □ MD: ☒
Phone Number:	212.434.34	32		
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# Facsimile Transmission Cover Sheet



Transmit to FAX number 212.1749.07865	Dote Jamuary 10, 2001	Time 10:43 AM	Total number of pages (Including this sheet): 2	
то		From		
Nome Dr. Alexiandes		Namo Shannon Bailey		
Соприлу		Department Long Term Disability		
Phone 212.734.1288		Phone 800,532.9288 ext. 6541		
Address		Address 255 East Avenue Rochester, NY 14604		

Comments

RE: Steven Alfano

LK 1972

SSN: 099449648

Weill Medical College

DOB: 1/14/58

Life Insurance Company of North America

Here is the "Physical Abilities Assessment" form you did not receive.

Thank you,

Shennon Bailey, Case Manager

CONFIDENTIALITY NOTICE If you have received this factionile in entry, please immediately notify the sender by telephone at the manibut above. The documents accompanying this factionile transmission contain confidential information. This information is intended only for the use of the individual(s) or entity named obove. Thank you for your compliance.

[ ] Advantagment Requested

To Fax a reply, 6/m (715,231,6502)



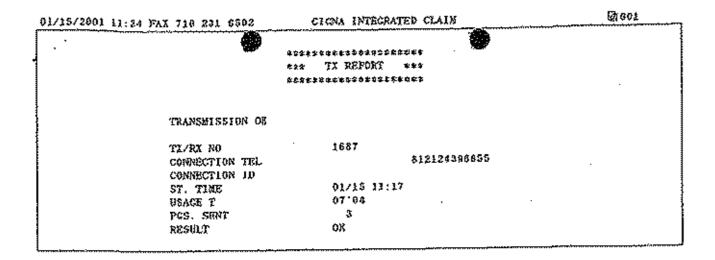
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	Steven Aliano Code(s)			
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## Facsimile Transmission Cover Sheet

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Namo Dr. Alexiandes		Nome Shannon Bailey	
Соправу		Copertment Long Term Disabl	ilty
Photo 212,734,1288		Phone 800,532,9288 ext	. 6547
Address		Address 255 East Avenue Rochester, NY 14	1604

Comments

LK 1972 RE: Steven Allano

Weill Medical College SSN: 099449648

Life Insurance Company of North America DOB: 1/14/58

Here is the "Physical Abilities Assessment" form you did not receive.

Thank you,

Shannon Bailey, Case Manager





P										
Claiment:	Steven Alfano	ssn:	099449648							
Policyholder:	Wei]}	Policy#:	Lk 1972							
Date: 01/10/01		Time: 10:42	АМ							
To: From: 🛭 Other:	Dr. Alexiano	ies	Cx: ☐ ER: ☐ MD: ⊠							
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P.2 NO.376

Non Jan 08 16:22:33 2001 Labs of Steven Alfano as of 10/22/00 11:35

10/14/99 16:21 624460 (10/15/99 17:50) Surgical Pathology

03/17/98 11:18 #3330 (03/18/98 11:00) O RH (D) POS BLOOD GROUP AND EX ANTIBODY SCREEN NOT IMMUNIZED

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DATE OF SPECIMEN 4/11

04/11/97 16:23 \$6776 {04/11/97 19:20} URINALYSIS, ROUTINE

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URINALYSIS, MICRO NEG. RBC neg. WEC NEXS.

Casts URINALYSIS, COMPLETE

04/09/97 16:39 830997 [04/09/97 22:21] CEC WBC 8.5

CLICNY 9449

JAN. 9.200; 5:26AM



NO.375

P.3

John and Sanford I. Well Medical College

Cornell Internal Medicine Associator Department of Medicine

sos end 70m Street Albreky Town, Soite 4 Now York, NY 10021 Telephone: 212-746-2500 Fra: 212-746-8165

January 8, 2001

Steven Alfano 3800 Waldo Ave #13G Bronx, NY 10463

NYH# 228-41-47

Progress Note: Steven Alfago / October 16, 2000

Subjective: 42 year old man with needs surgery for 15-s1 stenosis/spondylosis for neurosurgery now on disability

will ax celexa for depression

also will try zestril for bp instead of norvasc and see him back next week

Objective:

BP 160/100 P Wt 303 lbs I: clear C: RRR, no m.r.g

Current Medications:

PREVACID 30MG CAPSULES / 1 po qd NORVASC 10MG TABLET / 1 po qd IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally ptn IMITREX SOMG TABLET / 1-2 tabs with onset of migrain ASPIRIN 81MG TABLET EC / 1 po qd

Impression: rx zestril rx celexa

Plan: